

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

10981

National Office of Vital Statistics

State File No. 10981

FILED APR 5 1948

Registration District No. 1

Primary Registration District No. 3070

Registrar's No. 287

1. PLACE OF DEATH: St Louis
(a) County St Louis
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 26 Euclid
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 26 Euclid
(If rural, give location)
(e) Citizen of foreign country? No (If yes, name country)

3. (a) PRINT FULL NAME LOU B GAYLOX
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex 73 5. Color or race C 6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife 6. (c) Age of husband or wife
7. Birth date of deceased 1 10 1927
(Month) (Day) (Year)

8. AGE: Years 41 Months 2 Days 22 If less than one day hr. min.

9. Birthplace BYDAYSVILLE TENN
(City, town, or county) (State or foreign country)

10. Usual occupation MAID

11. Industry or business

12. Name DAWSON ALLEN

13. Birthplace BROWNVILLE TENN
(City, town, or county) (State or foreign country)

14. Maiden name SUSIE WATKINS

15. Birthplace BROWNVILLE TENN
(City, town, or county) (State or foreign country)

16. (a) Informant VALSIE DUNCAN
(b) Address 26 Euclid

17. (a) BURIAL (b) Date thereof 3/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father's home

18. (a) Signature of funeral director Susie C. Lewis
(b) Address 26 Euclid

19. (a) 3-25-48 (b) Carla J. Hapke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 22
year 1948 hour 12 minute 00

21. I hereby certify that I attended the deceased from August 1, 1948, to 22 March, 1948,
that I last saw her alive on Feb. 15, 1948,
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia -

Due to Chl. pyelonephritis

Due to unknown

Other conditions Asymptomatic
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. H. Barnett (M. D. or other) MD

Address 243 W. Jefferson Date signed 23 March 48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

A. D. Richardson

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.